Image# 14942423104 PAGE 1 / 10

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

'	or Other Than An Auth	orized Committee	Office Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5
American Gastroentero	ological Association In	ic. PAC	
ADDRESS (number and street)	4926 Delray Avenue		
Check if different			
than previously reported. (ACC)	Bethesda		MD 20814
2. FEC IDENTIFICATION NU	MBER ▼ CITY	(▲	STATE ▲ ZIP CODE ▲
C C00423228	3. IS	THIS NEW (N) OR	AMENDED (A)
4. TYPE OF REPORT (Choose One)	Report Due On:	20 (M2) May 20 (M5	(Non-Election Year Only)
(a) Quarterly Reports:		20 (M3) Jun 20 (M6)	(Non-Election Year Only)
April 15 Quarterly Report (Q		20 (M4) Jul 20 (M7)	Oct 20 (M10) Jan 31 (YE)
July 15 Quarterly Report (Q:	PRE-Election	Primary (12P)	General (12G) Runoff (12R)
October 15 Quarterly Report (Q	Report for the:	Convention (12C)	Special (12S)
January 31 Year-End Report (Yi	Election	on/	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST-Election Report for the:	General (30G)	Runoff (30R) Special (30S)
Termination Report (TER)	Election	on/	in the State of
5. Covering Period 07	01 2014	through 07	31 2014
I certify that I have examined this	s Report and to the best of r	my knowledge and belief it is t	rue, correct and complete.
Type or Print Name of Treasurer	Francis M. Giardiello MD		
Signature of Treasurer Franc	is M. Giardiello MD	[Electronically Filed]	Date 08 / 07 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
NOTE: Submission of false, errone	ous, or incomplete information	may subject the person signing	this Report to the penalties of 2 U.S.C. §437g.
Office Use Only			FEC FORM 3X Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name American Gastroenterological Association Inc. PAC 01 2014 07 2014 Report Covering the Period: 07 31 From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 83957.35 January 1, 2014 (b) Cash on Hand at 51477.35 Beginning of Reporting Period..... 38960.00 5440.00 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 56917.35 122917.35 6(a) and 6(c) for Column B)..... 4000.00 70000.00 Total Disbursements (from Line 31)...... Cash on Hand at Close of 8. Reporting Period 52917.35 52917.35 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D)

×

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

American Gastroenterological Association Inc. PAC

ns (other than loans) From: duals/Persons Other Political Committees emized (use Schedule A) DTAL (add nes 11(a)(i) and (ii)	3490.00 1950.00 5440.00	23665.00 13295.00 36960.00
Political Committees emized (use Schedule A) DTAL (add nes 11(a)(i) and (ii) Political Committees	1950.00 5440.00	13295.00
al Party Committees Political Committees	1950.00 5440.00	13295.00
al Party Committees Political Committees	1950.00 5440.00	13295.00
OTAL (add nes 11(a)(i) and (ii)▶ al Party Committees Political Committees	5440.00	
al Party Committees		36960.00
al Party Committees		36960.00
Political Committees	0.00	7 333313
Political Committees		0.00
5.0		
as PACs)	0.00	2000.00
Contributions (add Lines		
iii), (b), and (c)) (Carry		
to Line 33, page 5)	5440.00	38960.00
mittees	0.00	0.00
Received	0.00	0.00
numents Dessived	0.00	0.00
	7	0.00
· · · · · · · · · · · · · · · · · · ·	0.00	0.00
	7	
ommittees	0.00	0.00
eral Receipts		
, Interest, etc.)	0.00	0.00
rom Non-Federal and Levin Funds		
Schedule H3)	0.00	0.00
Funds (from Schedule H5)	0.00	0.00
and (non concade no)	7	
ransfers (add 18(a) and 18(b))	0.00	0.00
6 I O O O O O O O O O O O O O O O O O O	s to Line 33, page 5)	Sto Line 33, page 5) 5440.00 From Affiliated/Other 0.00 Received 0.00 ayments Received 0.00 Operating Expenditures Rebates, etc.) als to Line 37, page 5) 0.00 of Contributions Made Candidates and Other 0.00 eral Receipts 5, Interest, etc.) 0.00 from Non-Federal and Levin Funds ederal Account Schedule H3) 0.00 Funds (from Schedule H5) 0.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	II. Disbursements COLUMN A Total This Period					
. Operating Expenditures: — (a) Allocated Federal/Non-Federal	erating Expenditures:					
Activity (from Schedule H4)						
(i) Federal Share	0.00	0.00				
(ii) Non Fodoval Chara	0.00	0.00				
(ii) Non-Federal Share(b) Other Federal Operating	0.00	0.00				
Expenditures	0.00	0.00				
(c) Total Operating Expenditures						
(add 21(a)(i), (a)(ii), and (b)) ▶	0.00	0.00				
Transfers to Affiliated/Other Party						
Committees Contributions to	0.00	0.00				
Federal Candidates/Committees and Other Political Committees	4000.00	70000.00				
Independent Expenditures	0.00	0.00				
(use Schedule E) Coordinated Party Expenditures	0.00	0.00				
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00				
(use deficable 1)						
Loan Repayments Made	0.00	0.00				
Loans Made	0.00	0.00				
Refunds of Contributions To:	7					
(a) Individuals/Persons Other Than Political Committees	0.00	0.00				
ř						
(b) Political Party Committees	0.00	0.00				
(c) Other Political Committees	0.00	0.00				
(such as PACs)	0.00	0.00				
(d) Total Contribution Refunds						
(add Lines 28(a), (b), and (c))▶	0.00	0.00				
Other Disbursements	0.00	0.00				
F						
Federal Election Activity (2 U.S.C. §431(20)) (a) Allocated Federal Election Activity						
(from Schedule H6)						
(i) Federal Share	0.00	0.00				
``						
(ii) "Levin" Share	0.00	0.00				
(b) Federal Election Activity Paid Entirely						
With Federal Funds	0.00	0.00				
(c) Total Federal Election Activity (add	0.00	0.00				
Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00				
Total Disbursements (add Lines 21(c), 22,						
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	4000.00	70000.00				
. , , , , , , , , , , , , , , , , , , ,	7	7,000.00				
Total Federal Disbursements						
(subtract Line 21(a)(ii) and Line 30(a)(ii)						
from Line 31)	4000.00	70000.00				

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	5440.00	38960.00
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	5440.00	38960.00
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	0.00	0.00
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

FOR LINE NUMBER: **PAGE** 6 OF Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c

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Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Gastroenterological Association Inc. PAC Full Name (Last, First, Middle Initial) David L. Benkoff MD Date of Receipt Mailing Address 36925 Fox Run Ste 20 07 2014 25 City Zip Code State Transaction ID: C2789780 Farmington Hills MI 48331-4308 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Information Requested Information Requested Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Naga P. Chalasani MD Date of Receipt Mailing Address 1050 Wishard Boulevard RG 4100 07 18 2014 City State Zip Code Transaction ID: C2788195 IN Indianapolis 46202 Amount of Each Receipt this Period FEC ID number of contributing 125.00 federal political committee. Name of Employer Occupation Indiana University Professor Receipt For: Aggregate Year-to-Date ▼ Primary General 375.00 Other (specify) Full Name (Last, First, Middle Initial) c. Ronald P. Fogel MD, AGAF Date of Receipt Mailing Address 4539 Rolling Ridge Rd 2014 07 31 Ste 206 City State Zip Code Transaction ID: C2799567 MI West Bloomfield 48323-3339 Amount of Each Receipt this Period FEC ID number of contributing 625.00 С federal political committee. Name of Employer Occupation Digestive Health Center of Michigan Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1125.00 Other (specify) 1000.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

ı	FOR LINE NUMBER:				PAGE	:	1	OF	10	
l	(che	ck only	or	ne)						
	X	11a		11b		11c		12	!	
		13		14		15		16	;	17

	I Statements may not be sold or used by any per- the name and address of any political committee t	
NAME OF COMMITTEE (In Full) American Gastroenterological	Association Inc. PAC	
Full Name (Last, First, Middle Initial) Francis M. Giardiello MD, AGAF		Date of Receipt
Mailing Address 1830 E Monument St Ste 4		M = M / D = D / Y = Y = Y
Meyerhoff Digestive Disease		07 25 2014
City Baltimore	State Zip Code MD 21205	Transaction ID : C2789784
	CU212 UIVI	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer	Occupation	†
Johns Hopkins University	M.D.	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General		
Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) 3. Jagadeesh S. Hathwar MD		Date of Receipt
Mailing Address 32 Timber Ln W		M M / D D / Y Y Y Y
		07 25 2014
City	State Zip Code	Transaction ID: C2789783
Painted Post	NY 14870-9341	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	240.00
Name of Employer	Occupation	1
Information Requested	Information Requested	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General	ggrogato roa to bato v	
Other (specify) ▼	240.00	
Full Name (Last, First, Middle Initial) C. Neil D. Herbsman MD		Date of Receipt
Mailing Address 2488 Grand Concourse #4*	12	M = M / D = D / Y = Y = Y
City	State Zip Code	07 25 2014 Transaction ID : C2789781
Bronx	NY 10458	Amount of Each Receipt this Period
FEC ID number of contributing		Amount of Lacif Fledelpt this Fellou
federal political committee.	C	250.00
Name of Employer	Occupation	1
Bronx Gastroenterology	Physician/Gastroenterologist	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General		
Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional).		740.00
TOTAL This Period (last page this line number	er only)	

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:				PAGE	8	OF	10	
(che	eck only	or	ne)					
×	11a		11b		11c	12	!	
	13		14		15	16	;	17

NAME OF COMMITTEE (In Full) American Gastroenterological	Association Inc. PAC	
Full Name (Last, First, Middle Initial) Alfred L. Hurwitz MD Mailing Address 455 O'Connor Dr, Suite 350	0	Date of Receipt
City	State Zip Code	07 29 2014 Transaction ID : C2794325
San Jose	CA 95128-1646	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) . Kofi W. Nuako MD		Date of Receipt
Mailing Address 111 Lake Park Drive Ste C		07 11 2014
City Martin	State Zip Code TN 38237	Transaction ID : C2779006 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer TransSouth Healthcare	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) David L. Pleet MD		Date of Receipt
Mailing Address 70 Bellevue Ave		07 11 _ 2014 _
City Springfield	State Zip Code MA 01108-1742	Transaction ID : C2778999 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
Springfield Medical Association Receipt For:	MD	_
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
		1000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

	FOR LI	NE NU	JMBER	:	PAGE	=	9	ΟF	
Use separate schedule(s)	(check of	only or	ne)						_
for each category of the Detailed Summary Page	X 118	a	11b		11c		12		
	13		14		15		16	[_

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Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may not be sold or used by any personal part of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Gastroenterological A	Association Inc. PAC	
Full Name (Last, First, Middle Initial) Gary M. Reiss MD, MPH Mailing Address 1111 Medical Center Blvd Suite S-450 City New Orleans FEC ID number of contributing federal political committee. Name of Employer Information Requested Receipt For: Primary General Other (specify)	State Zip Code LA 70072 C Occupation Information Requested Aggregate Year-to-Date ▼	Date of Receipt M M
Full Name (Last, First, Middle Initial) Gary A. Thomas MD Mailing Address 3344 N Futrail Dr City Fayetteville FEC ID number of contributing federal political committee. Name of Employer Medical Associates of NW Arkansas Receipt For: Primary General Other (specify)	State Zip Code AR 72703-4057 C Occupation Physician Aggregate Year-to-Date ▼ 500.00	Date of Receipt M M M / 25
Full Name (Last, First, Middle Initial) Mailing Address City FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify)	State Zip Code C Occupation Aggregate Year-to-Date ▼	Date of Receipt M M / D D / Y Y Y Y Y Amount of Each Receipt this Period
SUBTOTAL of Receipts This Page (optional)	•	750.00
TOTAL This Period (last page this line number	only)	3490.00

SCHEDULE B (FEC Form 3X)		FOR LINE N	NUMBER: PAGE 10 OF 10	_
TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)	
	Detailed Summary Page	21b	22 X 23 24 25 26	
		27	28a 28b 28c 29 30	JD
Any information copied from such Reports and Statem or for commercial purposes, other than using the name	nents may not be sold or use e and address of any politica	d by any perso I committee to	n for the purpose of soliciting contributions solicit contributions from such committee.	
NAME OF COMMITTEE (In Full)				
American Gastroenterological Asso	ciation Inc. PAC			
Full Name (Last, First, Middle Initial)				
A. Rand Paul Victory Committee			Date of Disbursement	
Mailing Address PO Box 72190			07 31 2014	
City	State Zip Code		Transaction ID : D160335	
Newport	KY 41072-0190		Transaction iD . D100333	
Purpose of Disbursement Campaign Contribution			Amount of Each Disbursement this Period	
Candidate Name		Category/	2000.00	
Rand Paul		Туре	2000.00	
X Senate	nent For: 2016 Primary General Other (specify)			
State: KY District:				
Full Name (Last, First, Middle Initial)				
B. LARSON FOR CONGRESS			Date of Disbursement	
Mailing Address 330 Main Street			07 31 2014	
Hartford	State Zip Code CT 06106		Transaction ID : D160334	
Purpose of Disbursement Campaign Contribution			Amount of Each Disbursement this Period	
Candidate Name		Category/	1000.00	
Rep. John B. Larson		Туре	1000.00	
Senate	nent For: 2014 Primary			
Full Name (Last, First, Middle Initial)				_
C MARK TAKANO FOR CONGRESS			Date of Disbursement	
			M M / D D / Y Y Y Y	
Mailing Address PO BOX 5214			07 31 2014	
,	State Zip Code CA 92517		Transaction ID : D160333	
Purpose of Disbursement Campaign Contribution				
Candidate Name		Catamanul	Amount of Each Disbursement this Period	
Rep. Mark Takano		Category/ Type	1000.00	
Office Sought: House Disbursem	nent For: 2014 Primary General Other (specify)			
State: CA District: 41				
SUBTOTAL of Disbursements This Page (optional)		·····•	4000.00	
TOTAL This Period (last page this line number only).		·····•	4000.00	